

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Travis Nobles, DMH
Scribe: Myran Harris
Date: 6/27/2007
Time: 10:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

Rick Kretschmer	Others:
x Cheryl McQueen	x Jamie Herubin
Gary Imes	Sandy Flores
Joyce Sims	x Mike Frost
x Rick DeBell	x Myran Harris
x Travis Nobles	x Chris Ferrell
x Thelma Hayter	Deborah LeBlanc
x Eric Johnson	
Tim Sullivan	

Attendees:

x Alamance-Caswell	x Onslow-Carteret
x Albemarle	x OPC
x Catawba	Pathways
x Centerpoint	x Pitt
x Crossroads	x Roanoke-Chowan
x Cumberland	x Rockingham
x Durham	x Sandhills Center
x Eastpointe	SE Center
x Edgecombe-Nash	x SE Regional
x Five – County MHA	x Smoky Mountain
x Foothills	Tideland
Guilford	x Wake
x Johnston	Western Highlands
x Mecklenburg	x Wilson-Greene
x Neuse	
x New River	

Attendees:

Item No.	Topics
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| | <ol style="list-style-type: none">1. Roll call2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.3. Upcoming Check-writes (cut-off dates) – June 28, July 5, 12, 194. Agenda items<ul style="list-style-type: none">• No Core Team Call next week (July 4th Holiday)• Beta Test (NPI) Requirements Review<ul style="list-style-type: none">• 100 records/LME/submission; Format test; full cycle run, 835• Update scheduled termination: TBD• IPRS Questions or Concerns• MMIS Updates – Tim Sullivan & Chris Ferrell6. DMH and/or EDS concluding remarks<ol style="list-style-type: none">a. For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.<ol style="list-style-type: none">i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 47077. Roll Call Updates |
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Next Meeting: July 11, 2007

For assistance with IPRS claims, adjustments, R2Web, application access, etc.
Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355,
M-F, 8 a.m. - 4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please give your name and which "area program" you represent when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	<p>Upcoming Checkwrites – (cut-off dates) June 28, July 5, 12, 19</p> <p>Travis: There was no checkwrite last week. We do have a checkwrite coming up this week, June 28, 2007.</p>
4.	<p style="text-align: center;">Agenda Items</p> <p>*No Core Team call next week as a result of the July 4th Holiday</p> <p>BETA Test (NPI) Requirements Review</p> <p>Please continue to Beta Test. No new files have come in.</p> <p>Thelma: We only have 10 out of the 25 of you that have tested, please do not put that too far on the back burner. I realize it has probably taken a low priority due to year end but we will begin to gear up for testing again in August.</p> <p style="text-align: center;">IPRS Questions or Concerns</p> <p>Q: Kelly (Durham) I believe I sent a question about a week ago to IPRS Q&A about Implementation 30 and the Provider Endorsement being pulled. On the IPRS side would there be any type edit/report to let us know the Medicaid number has been suspended?</p> <p>A: Cheryl: We did receive your email. There is a current report they should show up on, IPVR0221. It is entitled MMIS Action Reason Code Alert for IPRS Attending Providers. What DMA is doing is they are not really end dating the provider number. They are assigning an action reason code. Based on the effective date of that action reason code they are suspending the payment for that provider and if that provider gets re-endorsed they would put an end date on that action reason code and then allow that provider to start to get payments again. I think the reason they are using the action reason code is so they can have multiple beginning and ending effective dates so that at the higher level of the provider, there's only one effective date and one end date and if the provider loses their endorsement and the endorsement is reinstated but not re-instated back to the beginning of when they lost it, they need to keep track of that time period in which the provider has lost the endorsement so that claims will not pay in that window. The report is out there so you can add the same action reason code as what Medicaid did. We are going to confirm if we can copy the action reason codes over and make an automatic assignment. Once you assign the action reason codes those claims will deny. Any time an action reason code was assigned the claims would deny if the date of service fell within that time period whether you put it on manually or we do it systematically. The claim would deny if it fell in the time period.</p>

Rick DeBell: FYI - For those LMEs who are merging, I am in the process of moving over attending provider numbers so that things will continue to flow when you bill under the surviving billing provider number. However, if you are picking up a single county from a multi-county area I can't tell which numbers need to be moved over so you will need to let me know what the provider numbers are and what rates you want to establish. We will have to do that one manually but to the extent I can we are making this automatic for you.

Q: Dean (Roanoke Chowan) - Client specific rates you're copying over for us are only if the consumer has a new ID number it would be invalid, correct?

A: Cheryl: That new local ID should be cross referenced to the same base ID. And so when Rick establishes rates he does it based on the claim's base ID.

Q: Dean (Roanoke-Chowan) What was the TBD on the agenda?

A: Thelma: For those of you who have not sent in a Beta Test file for NPI, if you could start that up again in August that would be very good. We'll try to give you plenty of notice regarding implementation. Until then, please get a test file ready for submission. We are only talking IPRS. We are not certain about Medicaid's testing and schedule.

Thelma: FYI - Also, as a reminder you can still submit claims for FY '06-07 up until the last checkwrite in October. So you can still send the '06-07 claims but be aware that they will be paid from your '07-08 budget.

Medicaid Questions or Concerns

Q: Kelly (Durham) Any resolution with the Medicaid EOB 1649 that is denying Case Management claims for children between 3 and 4 who aren't CAP?

A: Chris - I thought those were all processed, do you have any recent denials that have just happened under your provider number?

Kelly: Yes, I did get a denial this week.

Chris: Okay, I will give you a call and we can take a look at that.

Q: Kelly - What about those that are older than 12 months? Is that up to the providers to take that up with DMA?

A: Chris - Yes, because we do not have any instructions to override time limits from DMA yet.

Chris: REMINDER – For our Medicaid billers on the CMS 1500 the old form, we will no longer be accepting those and will be returning those to providers effective July 2nd. We will start returning those to providers and have them re-bill using the new CMS 1500 form.

Cheryl: FYI – While there have not been any widespread changes to pop groups or the array of services, we will be posting the updated documents to the IPRS website for the new fiscal year this week. Basically, the only one that has any changes in it is the Budget Criteria and the only changes are the new FRC, the one that changes every year. I will post those changes on the IPRS website.

	<p>Q: Jeanna (Catawba) I had sent an email to IPRS Q & A about why H0001 would pay in the Prevention target pop but not in the 90801. If a clinician is an LPC they could bill at the 90801 level but they can't get paid. Is that because it should be specific to the H0001 Substance Abuse assessment they should be billing?</p> <p>A: Cheryl – We will go back and look at this and let you know.</p>
5.	<p>DMH and/or EDS concluding remarks</p> <p>The next Core Team meeting date is scheduled for July 11, 2007</p> <ul style="list-style-type: none">• For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.<ul style="list-style-type: none">i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
6.	Roll Call Updates